



**QUEEN'S
UNIVERSITY
BELFAST**

GP views about a home from hospital service

Dempster, M., & Donnelly, M. (2001). GP views about a home from hospital service. *Research Policy and Planning*, 19, 37-38.

Published in:
Research Policy and Planning

Document Version:
Early version, also known as pre-print

Queen's University Belfast - Research Portal:
[Link to publication record in Queen's University Belfast Research Portal](#)

General rights

Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.

GP Views About a Home from Hospital Service

Martin Dempster¹ & Michael Donnelly²

¹ Lecturer, School of Psychology, Queen's University Belfast

² Reader, Department of Epidemiology & Public Health, Queen's University Belfast

Address all correspondence to:

Martin Dempster

School of Psychology

Queen's University Belfast

David Keir Building

18-30 Malone Road

Belfast

N. Ireland

BT9 5AG.

Tel: 028 9033 5547

Fax: 028 9066 4144

Email: m.dempster@qub.ac.uk

GP Views About a Home from Hospital Service

Summary

This paper reports the results of an investigation, by postal questionnaire, of the views of 30 General Practitioners about a model of out of hospital care – the home from hospital (HFH) service, which mainly provides social care and rehabilitation for patients in their own home. The GPs, who all worked within one of the Health and Social Services Board areas in Northern Ireland during the time of the study (March-April 1998), indicated that the introduction of the HFH service, unlike other models of out of hospital care, did not increase their workload. Therefore, it is suggested that the HFH model of care should be given more attention in terms of research evaluation and service development.

Introduction

A “home from hospital” (HFH) service is one of the responses which purchasers and providers of health care have developed as a consequence of "winter pressures" on hospital bed availability and other factors. HFH provides personal or social care and some nursing care to clients who no longer need medical care but require assistance during a period of rehabilitation. The main purpose of HFH is to enable patients to return home from hospital earlier than otherwise would be possible; and to reduce the need for residential or nursing home care. Decisions about entry to and discharge from HFH schemes are usually made by a hospital-based co-ordinator (frequently a social worker).

Studies of HFH schemes in Britain and Northern Ireland have shown that patients and health care professionals found the HFH scheme to be a beneficial service and patients who received the service experienced a decrease in their levels of dependency (Donnelly & Dempster, 1999; Gladman, Forster & Young, 1995; Pryor & Williams, 1989; Shepherd, 1996). However, concerns have been expressed about the effect of such developments on the workload of General Practitioners (Pedersen & Leese, 1997). The present research is one of the few studies examining General Practitioner (GP) views about the HFH service. It was carried out as part of a larger study of patients’ and professionals’ views about a HFH scheme, the results of which are reported elsewhere (Donnelly & Dempster, 1999).

Method

Questionnaires were posted to the GP of each patient in the Northern Health and Social Services Board area of Northern Ireland who: (1) received the HFH scheme during a two month period and (2) agreed to take part in the evaluation. GPs received a questionnaire immediately after their patient was discharged from the HFH service. The response rate was 30/40 (75%).

Results

The patients on the HFH scheme were mostly females (83%), had a mean age of 75.7 years and had been admitted to hospital mostly for fractures or hip replacements. According to GP responses, the number of visits to a GP surgery by a HFH patient during their time on the scheme (which was 6 weeks, on average) ranged from one to five (mean = 0.66, median = 0 visits per patient). The number of visits by a GP to the home of a HFH patient during their time on the scheme ranged from one to eight (mean = 1.07, median = 1 visit per patient). Most GPs (25/29; 86%) indicated that the HFH scheme either decreased or had no effect on their workload (see Table 1).

Discussion

Many different hospital discharge services and arrangements exist within the NHS (Millar, 1998), and it is important to measure how the introduction of such services affects the

workload of the primary care team (Leese, 1997). The Hospital at Home (HAH) has received most attention in the research literature in this regard. The HAH model of care provides medical and nursing care for patients who can perhaps be perceived as hospital ward "outliers". In many cases, decisions about entry to and discharge from such schemes rests with the GP. A recent previous study reported that 57% of GPs surveyed stated that their workload had increased as a result of a HAH scheme (Hood, Parsons & Fulop, 1999). In contrast, the proportion of GPs in the present study who felt the same way about the HFH service was just over 13%. Compared to the HAH service, HFH requires less input from a GP who is called upon for medical needs only. The personal care and social needs of the patient are met by a multidisciplinary team, co-ordinated by a social worker. Given the evidence for patients' and carers' satisfaction with the HFH service and the finding that the HFH service has little effect on GP workload, it is suggested that this model of post-hospital care should be given more attention in terms of service development and research evaluation.

References

1. Donnelly, M. & Dempster, M. (1999) A home from hospital service for older people. Ulster Medical Journal 68, 79-83.
2. Gladman, J., Forster, A. & Young, J. (1995) Hospital- and home-based rehabilitation after discharge from hospital for stroke patients: analysis of two trials. Age and Ageing 24, 49-53.
3. Hood, S., Parsons, S. & Fulop, N.J. (1999) Shifting care: GP opinions of hospital at home. British Journal of General Practice 49, 221-2.
4. Leese, B. (1997) Burden of proof. Health Service Journal 27 November, 34-35.
5. Millar, B. (1998) Honourable discharge. Health Service Journal 8 January, 26-33.
6. Pedersen, L.L. & Leese, B. (1997) What will a primary care led NHS mean for GP workload? The problem of the lack of an evidence base. British Medical Journal 314, 1337-1341.
7. Pryor, G.A. & Williams, D.R. (1989) Rehabilitation after hip fractures. Home and hospital management compared. Journal of Bone and Joint Surgery 71, 471-4.
8. Shepherd, A. (1996) Home from hospital – the experiences of older people and carers of discharge to community care. Research Policy and Planning 14, 4-12.

Table 1: GP views of the effect of the HFH scheme on their workload

Has the HFH scheme increased or decreased your workload?	GP responses	
Increased a lot	0	
Increased a little	13.33% (4)	
No change	56.67% (17)	$\chi^2 = 17.49$
Decreased a little	13.33% (4)	$p < 0.001$
Decreased a lot	13.33% (4)	
No answer	3.33% (1)	